

Interview Summary

| | | |
|--------------------------------------|--------------------------------------|-------------------------------|
| Application No. 08/655,853 | Applicant(s) | McMaster et al. |
| | Examiner Jacqueline Ruller | Group Art Unit 1731 |



All participants (applicant, applicant's representative, PTO personnel):

(1) Jacqueline Ruller

(3) _____

(2) Mr. LaFontaine

(4) _____

Date of Interview Apr 17, 2000

Type: Telephonic Personal (copy is given to applicant applicant's representative).

Exhibit shown or demonstration conducted: Yes No. If yes, brief description:

Agreement was reached. was not reached.

Claim(s) discussed: 27

Identification of prior art discussed:

NA

Description of the general nature of what was agreed to if an agreement was reached, or any other comments:

An amendment to claim 27 was discussed. In line 9, "the shape of the bent glass" was proposed to be replaced by --a desired bent shape of a glass sheet wherein said desired bent shape is parallel to the quench tubes;-- The client is going to be consulted. Two forms (37 CFR 1.175 and 37 CFR 3.73(b)) were faxed to Mr. LaFontaine so that if the case is allowed, the paperwork will be in order.

(A fuller description, if necessary, and a copy of the amendments, if available, which the examiner agreed would render the claims allowable must be attached. Also, where no copy of the amendments which would render the claims allowable is available, a summary thereof must be attached.)

1. It is not necessary for applicant to provide a separate record of the substance of the interview.

Unless the paragraph above has been checked to indicate to the contrary, A FORMAL WRITTEN RESPONSE TO THE LAST OFFICE ACTION IS NOT WAIVED AND MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a response to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW.

2. Since the Examiner's interview summary above (including any attachments) reflects a complete response to each of the objections, rejections and requirements that may be present in the last Office action, and since the claims are now allowable, this completed form is considered to fulfill the response requirements of the last Office action. Applicant is not relieved from providing a separate record of the interview unless box 1 above is also checked.

**JACQUELINE RULLER
PATENT EXAMINER
ART UNIT 1731**

Examiner Note: You must sign and stamp this form unless it is an attachment to a signed Office action.

*** TX REPORT ***

TRANSMISSION OK

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| RESULT | OK |

TO:

Mr. DaFontaine

From: Jackie Rullen
703 308 0316

**SUPPLEMENTAL DECLARATION
FOR REISSUE
PATENT APPLICATION
(37 CFR 1.175)**

| | |
|------------------------|---|
| COMPLETE | |
| Attorney Docket Number | |
| First Named Inventor | |
| Application Number | / |
| Filing Date | |
| Group Art Unit | |
| Examiner Name | |

I/We hereby declare that:

Every error in the patent which was corrected in the present reissue application, and which is not covered by the prior oath(s) and/or declaration(s) submitted in this application, arose without any deceptive intention on the part of the applicant.

I/We hereby declare that all statements made herein of my/our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| | | | | | | |
|--|---|-------|------------------------|---------|--|-------------|
| Name of Sole or First Inventor: | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | | |
| Inventor's Signature | | | | | | Date |
| Residence: City | | State | | Country | | Citizenship |
| Post Office Address | | | | | | |
| Post Office Address | | | | | | |
| City | | State | | ZIP | | Country |
| Name of Second Inventor: | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | | |
| Inventor's Signature | | | | | | Date |
| Residence: City | | State | | Country | | Citizenship |
| Post Office Address | | | | | | |
| Post Office Address | | | | | | |
| City | | State | | ZIP | | Country |

Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)

Applicant: _____

Application No.: _____ Filed: _____

Entitled: _____

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

States that it is:

- the assignee of the entire right, title, and interest; or
- an assignee of an undivided part interest

in the patent application identified above by virtue of either:

A. [] An assignment from the inventor(s) of the patent application identified above. The assignment was recorded in the Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

B. [] A chain of title from the inventor(s), of the patent application identified above, to the current assignee as shown below:

1. From: _____ To: _____
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Reel _____, Frame _____, or for which a copy thereof is attached.2. From: _____ To: _____
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Reel _____, Frame _____, or for which a copy thereof is attached.

[] Additional documents in the chain of title are listed on a supplemental sheet.

[] Copies of assignments or other documents in the chain of title are attached.

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.

Date_____
Signature_____
Typed or printed name_____
Title

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.